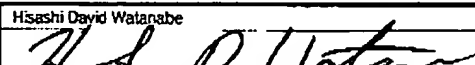


FEB 20 2006

FEE TRANSMITTAL					Complete if Known																																																							
Patent fees are subject to annual revision					Application Number																																																							
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27					09/874,837																																																							
TOTAL AMOUNT OF PAYMENT (\$)					Filing Date																																																							
450.00					June 6, 2001																																																							
METHOD OF PAYMENT (check all that apply)					First Named Inventor																																																							
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None					Phillips, W. Garland																																																							
					Examiner Name																																																							
					Tiv, Backhean																																																							
					Group Art Unit																																																							
					2151																																																							
					Attorney Docket No.																																																							
					PF02193NA																																																							
FEE CALCULATION (continued)																																																												
4. ADDITIONAL FEES																																																												
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: <b>502117</b> Deposit Account Name: <b>Motorola, Inc.</b> The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.																																																												
FEE CALCULATION																																																												
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																																																												
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Application Type</th> <th colspan="2">FILING FEES</th> <th colspan="2">SEARCH FEES</th> <th colspan="2">EXAMINATION FEES</th> <th rowspan="2">Fee Paid (\$)</th> </tr> <tr> <th>Large Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Large Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Large Fee (\$)</th> <th>Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>Utility</td> <td>300</td> <td>150</td> <td>500</td> <td>250</td> <td>200</td> <td>100</td> <td></td> </tr> <tr> <td>Design</td> <td>200</td> <td>100</td> <td>100</td> <td>50</td> <td>130</td> <td>65</td> <td></td> </tr> <tr> <td>Plant</td> <td>200</td> <td>100</td> <td>300</td> <td>150</td> <td>160</td> <td>80</td> <td></td> </tr> <tr> <td>Reissue</td> <td>300</td> <td>150</td> <td>500</td> <td>250</td> <td>600</td> <td>300</td> <td></td> </tr> <tr> <td>Provisional</td> <td>200</td> <td>100</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td></td> </tr> </tbody> </table>					Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)	Large Fee (\$)	Small Entity Fee (\$)	Large Fee (\$)	Small Entity Fee (\$)	Large Fee (\$)	Small Entity Fee (\$)	Utility	300	150	500	250	200	100		Design	200	100	100	50	130	65		Plant	200	100	300	150	160	80		Reissue	300	150	500	250	600	300		Provisional	200	100	0	0	0	0			
Application Type	FILING FEES		SEARCH FEES			EXAMINATION FEES		Fee Paid (\$)																																																				
	Large Fee (\$)	Small Entity Fee (\$)	Large Fee (\$)	Small Entity Fee (\$)	Large Fee (\$)	Small Entity Fee (\$)																																																						
Utility	300	150	500	250	200	100																																																						
Design	200	100	100	50	130	65																																																						
Plant	200	100	300	150	160	80																																																						
Reissue	300	150	500	250	600	300																																																						
Provisional	200	100	0	0	0	0																																																						
2. EXTRA CLAIM FEES																																																												
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Multiple Dependent Claims					<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>50</td> <td>25</td> </tr> <tr> <td>200</td> <td>100</td> </tr> <tr> <td>360</td> <td>180</td> </tr> </tbody> </table>		Fee (\$)	Small Entity Fee (\$)	50	25	200	100	360	180																																														
Fee (\$)	Small Entity Fee (\$)																																																											
50	25																																																											
200	100																																																											
360	180																																																											
Total Claims: <input type="text"/> Extra Claims: <input type="text"/> Fee (\$): <input type="text"/> Fee Paid (\$): <input type="text"/> * 20 or HP = <input type="text"/> x 50 = <input type="text"/> HP = highest number of total claims paid for, if greater than 3					Multiple Dependent Claims Fee (\$): <input type="text"/> Fee Paid (\$): <input type="text"/> * 3 or HP = <input type="text"/> x 200 = <input type="text"/>																																																							
3. APPLICATION SIZE FEE																																																												
If the specification and drawings exceed 100 sheets of paper, the application size fee is \$250 (\$125 for small entity) For each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(e).																																																												
Total Sheets: <input type="text"/> Extra Sheets: <input type="text"/> Number of each additional 50 or fraction thereof: <input type="text"/> Fee (\$): <input type="text"/> Fee Paid (\$): <input type="text"/> * 100 = <input type="text"/> / 50 = <input type="text"/> (round up to a whole number) x 250 = <input type="text"/>																																																												
SUBMITTED BY																																																												
Name (Print/Type): Hisashi David Watanabe					Registration No. 37,485 Telephone (847) 523-2322																																																							
Signature: 					Date: February 20, 2006																																																							
					5. OTHER FEE(S) (specify)																																																							
					Non-English Specification, \$130 fee (no small entity discount) Fee Paid (\$): 0																																																							
					Fee Paid (\$): 450.00																																																							

**RECEIVED  
CENTRAL FAX CENTER****FEB 20 2006**

DOCKET NO. PF02193NA

**MOTOROLA****FAX TRANSMITTAL SHEET**

Motorola, Inc.  
Intellectual Property Section  
Law Department  
600 North U.S. Highway 45  
AS437  
Libertyville, Illinois 60048

Telephone: (847) 523-2322

Facsimile: (847) 523-2350

**13**

Number of Pages (including this page)

Date: February 20, 2006

To: Examiner Backhean Tiv – Art Group 2151

Location: United States Patent and Trademark Office

Fax No.: (571) 273-8300

From: Hisashi David Watanabe - 37,465

Subject: 09/874,837– Phillips, W. Garland Confirmation No.: 8237

**NOTICE:** This facsimile transmission may contain information that is confidential, privileged, or exempt from disclosure under applicable law. It is intended only for the person to whom it is addressed. Unauthorized use, disclosure, copying or distribution may expose you to legal liability. If you have received this transmission in error, please immediately notify us by telephone (collect) to arrange for return of the documents received and any copies made. Thank you.

**MESSAGE:**

Enclosed herewith, please find AMENDMENT and associated papers, if any, for filing in the below-identified application.

**PLEASE GIVE THESE PAPERS TO:**

EXAMINER:  
GROUP ART UNIT:  
SERIAL NO.:  
FILED:  
INVENTOR:

**Tiv, Backhean**  
**2151**  
**09/874,837**  
**JUNE 6, 2001**  
**PHILLIPS, W. GARLAND**

**RECEIVED**  
**CENTRAL FAX CENTER**

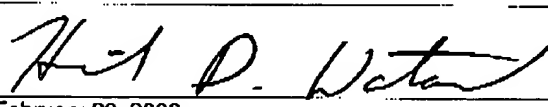
**FEB 20 2006**

<b>TRANSMITTAL FORM</b> <small>(to be used for all correspondence after initial filing)</small>	Application Number	09/874,837	
	Filing Date	June 6, 2001	
	First Named Inventor	Phillips, W. Garland	
	Group Art Unit	2151	
	Examiner Name	Tiv, Backhean	
Total Number of Pages in this Submission	Attorney Docket Number	PF02193NA	

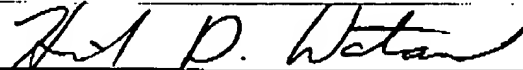
  

ENCLOSURES <span style="float: right;">(check all that apply)</span>		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-Related papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CDs _____	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter with appropriate copies <input type="checkbox"/> Other Enclosure(s) (please identify below)
Remarks: X Facsimile Transmittal		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual	Hisashi David Watanabe	Registration No.	37,465
Signature			
Date	February 20, 2006		

CERTIFICATE OF TRANSMISSION			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO to facsimile number (571) 273-8300 on the date listed below:			
Typed or printed name	Hisashi David Watanabe		
Signature			Date
			February 20, 2006